*Awards * Leadership * Research* Community*

The Vision and Voice of Women in Medicine since 1915

former AMWA RD President • From Paternalism to Customer Service: Evolution of the Physician

- Through the Looking Glass: Dr Strangelove, or How I Learned to
- **Keep On Worrying and Function Anyway** Even Wonder Woman Needs a

Interview with Kanani Titchen, MD,

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- **Break: Readjusting the Work-Life Balance for the Working Physician**
- Call for Submissions to the Susan Love **Writing Competition** AMWA RD Awards Let Your Voice Be Heard
- ARQ Publication Guidelines, 2014-2015
- Thank you for your interest in the AMWA Centennial Meeting! Poster and Oral Presentations are an opportunity for residents to share their research findings and learn about their colleagues' work. Abstract submissions currently are being accepted for the Centennial Meeting in Chicago, April 23-26, 2015.

Please submit your abstract through this submission form. The deadline is February 1, 2015. Decisions will be made on a rolling basis, and all accepted authors will be notified within 4 weeks of the submitted abstract.

Research – human subjects (clinical) Research – bench, and other.

All poster presenters are eligible for the Young Women in Science division link. Submission Guidelines:

Awards. Additional information for this award is found at this resident Each author may submit only 1 abstract. All author names and email addresses are required, and ALL authors

must sign off on submission for the abstract to be eligible for consideration. An email will be sent to each author for their electronic signature approving the abstract at the bottom of the submission form. 25, 2015. toward word limit)

Author must be available to present at the conference on Saturday, April Abstracts must be 300 words or less (authors names do NOT count Formatting: For Scientific Research: Authors' names (ex. Smith, Jane, L.), Hypothesis, Methods, Results, Conclusions For Clinical Cases: Authors' names (ex. Smith, Jane, L.), Case,

Conclusions, Clinical Significance Questions? Email conference@amwa-student.org or hbbrown@amwa-student.org or hbbrown@amwa-student.org or hbbrown.org or hbbrown.org or <a href="mailto: resident.org. More information about us and the conference: http://www.amwa-doc.org/residents/ http://www.amwa-doc.org/amwa-centennial-meeting/

members and provide other benefits for membership. This survey has officially closed. As part of participating in the survey, members would be placed into a raffle for a \$25 Amazon Gift Card. On behalf of the American Medical Women's Association Resident Division, we have found our winner. Drum roll please: Congratulations Ashley Styczynski on being our RD membership survey Winner! We would like to thank you all so much for your participation in our survey. Your

responses will better guide us in improving our services and benefits to you. We

As you all may know, we conducted a membership survey within our division for the

past 4 months in order to help us know what more we can do to support our

Kanani Titchen, former president of the resident division of AMWA, recently returned from global health work in Nepal. Kanani also is Co-chairwoman of PATH, Physicians Against Trafficking of Humans, an arm of AMWA created to promote the awareness of sex trafficking amongst the physician population. Below, she describes

What drew you to going to Nepal for global health work? My initial goal was to work at House with Heart, aka Ghar Sita Mutu, a charity that provides a home for abandoned children and education center for women and children in Kathmandu, Nepal. In 2003, my husband and I met with the founder of Ghar Sita Mutu, Beverly Bronson, and we met a woman named Lakshmi and her three kids. Since then, we have exchanged pictures and letters over the years with Lakshmi and her family. During the course of our correspondence, Lakshmi had a

After discovering this, my husband and I paid for her hospital care, which allowed

hospitalization at House with Heart, where she could both work to support her family and recover from her illness. Nawaraj has since completed grade 10, and his sisters

I spent the mornings at Nepal Medical College Teaching Hospital. I saw a variety of conditions, including undiagnosed congenital hypothyroidism in a school-aged child.

Nawaraj to remain in school. In addition, we funded a job for Lakshmi post-

I completed an infectious disease rotation at Nepal Medical College Teaching Hospital. I saw over 100 patients in the hospital, kids in a nearby school, and children at House With Heart. As a part of the rotation, I did a needs assessment and created an electronic database for the House, as well as an intake form, a basic

Where did you primarily work in Nepal and what did you do?

physical exam form, and a sick visit form for the electronic record.

Where you able to continue anti sex trafficking work in Nepal? As a side benefit, I was able to connect with an organization called Shakti Samuha, an anti-trafficking organization. I met with the organization and its remarkable leaders. Their founder was even a recipient of a C10 award for their work in trying to end sex trafficking. I met with leaders to discuss the AMWA-PATH trafficking video and brainstormed about starting a partnership between AMWA and Shakti Samuha. I learned about their numerous programs: street theater for adolescents and college counseling for women survivors, to name a few. What Shakti Samuha was lacking was medical expertise. I saw the need for having doctors from the state provide gynecologic exams and general physical exams. Unfortunately, some of the victims are children, not just adults. In this setting, both pediatricians and family practice

Meeting Shakti Samuha was a happy side product of my trip. I was happy I could meet and get to know them, because I know Nepal is a hot spot for sex trafficking. Moreover, there is such a problem in Nepal with gender issues, a place where

How can AMWA physicians benefit from volunteering for an organization like Shakti

The benefit for AMWA members would be experience in global medicine. They

responsiveness. This is seen not only abroad, but in the US as well. There is an absolute need. Additionally, nearby Pokhara is a launching place for trekking in the Himalayas, so you can enjoy the true beauty of Nepal. Physicians need a vacation

I grew up with a mom who was involved with the women's rights movement. I grew up with an awareness of discrepancies with genders in the United States especially when I looked around the world, both economically and socio-politically. I have

subsequently, I found many powerful women role models. Like most women, I have also experienced discrimination and harassment. In medical school, I watched the "Whistle Blower," an account of a true story of an aid worker who discovered a sex trafficking ring and lost her job for trying to shut it down. I also provided care for

I went to an all-girls school high school where women were celebrated and

would have the ability to be trained in international sex trafficking and

Why are you so passionate about anti-sex trafficking work?

always been aware of this power differential.

dinner. Trekking made me see the beauty of Nepal.

What was your overall impression from your trip?

What advice can you give current AMWA resident members?

women have very little in terms of rights and power.

Looking back, it would have been so easy to take the time and ask questions about her condition, even if she may not have opened up to me. I realized that I am not the only physician missing signs of abuse. Doctors provide routine screenings for domestic violence and that same approach needs to happen with sex trafficking. It is not a hyperbole to call trafficking modern slavery. We like to say that the US does not engage in slavery anymore, but the fact is we do and no one is talking about it. What was your favorite experience in Nepal? I went on a 4 day trek that was amazing. My trip to Nepal was incredibly challenging with the ethical issues that I faced every day in the hospital. Even walking through Kathmandu, breathing in diesel and being constantly asked for money was taxing. Living at House With Heart provided a refuge from the busyness of Kathmandu, but I

Nepal is so dysfunctional in many ways. The people are beautiful and warm, but the politics of the country are pervasive and you see this in the lack of sanitation, road rules, and building codes. Being able to escape, go hiking and enjoy the outdoors

I learned in my second and third year of residency to take more time for myself. I came to the question, "what are you passionate about?" I love doing work to educate health care workers about sex trafficking, and I find respite in this even when I am

The overall impression that I came away with is that each of us can significantly make a difference to those abroad. Our dollar goes a long way in developing

countries. There are still limits, however, to the change we can effect. There are few incentives in Nepal to get ahead. The remaining caste system seems to limit

It was a bleak winter in the early 1950's. Someone at home had fallen ill. A quick call to the local doctor prompted a shuffle at the door as he took off his shoes and stepped in for a house call. An anxious relative took the doctor's bag as he carefully examined the ailing patient. Some quiet discussions and a prescription later, the grateful family nodded to the doctor's instructions and waved him goodbye. It was understood that the doctor had a level of training that afforded him the ability to instruct his patients and their families on what was the best course of action for their health, and his advice was typically accepted without questions. There was a mutual understanding that the doctor knew best. If he was competent and compassionate, then he garnered more patients by word-of-mouth, and his practice thrived.

Fast forward to modern day residency programs. From physician rating websites to hospital-specific satisfaction surveys, we are recognized not only for the number of patients we see and the outcomes of those patients, but we are often stratified based on our "customer satisfaction." We have outside groups sweeping through our hospitals,

auditing our customer service skills, and helping the hospital get recognized for better patient satisfaction. Residents are often trained alongside other employees in these structured manners lessons on how to standardize patient interactions to provide familiarity

challenges. The weight of decision-making has shifted from the physician alone to both

physicians and increase comfort levels for our patients, the need for these structured manners lessons implies that we must all follow a template for our clinical skills. As physicians, we all have comparable funds of knowledge, so our unique strengths are our interpersonal skills and our hands-on procedural abilities. Molding the intangible art of medicine into a standardized customer service model may be an improvement from the past paternalistic approach to medicine, but the success of such a model depends on carefully choosing pearls from this customer service research to add onto our existing

The evolving landscape of the physician-patient relationship has its benefits and

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5. Quill, Timothy E., and Howard Brody. "Physician recommendations and patient autonomy: finding a balance between physician power and patient choice."Annals of Internal Medicine 125.9 (1996): 763-769.

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Alvin had puttered along in his current state for about 4 weeks when I met him. He had most recently developed a pneumonia, that turned into bacteremia, that turned into meningitis with some kind of gram-negative rod I had never heard of; and had swollen to monstrous proportions with capillary leak syndrome. His ears reminded me of elephants. His nose was hidden within his swollen, tense face. His puckered, weeping skin had lost all its creases from anasarca. His limited vascular access meant for the longest time he had minimal sedation, and his grimaces never stopped. Every day on rounds we discussed another, new failing system: one day, it may be the pituitary. The next, the kidneys. Has his bone marrow ever worked? Somewhere rattling around in the background was the knowledge that even if he ever got off his vent, his lungs were tiny and undeveloped and fed by, at best, an atrophic gut.

I asked one attending, and then another, what our endpoint was for Alvin. I hated his silent, intubated cry and his obvious but uncontrollable pain. I hated balancing one dying organ against another. I hated trudging on, knowing that his mother had left him instead of living with the conflict of loving a dying child. I asked my attendings if we could consider a DNR for him, because this baby needs someone to make a

And then I met Alvin. Alvin, the baby who laid awake and in pain untouched by narcotic drips in a warmer bed; Alvin, the boy who had sepsis with overwhelming anasarca for weeks; Alvin, the child who was never extubated; Alvin, whose mother ran away and gave up her rights. The resident who signed him out to me the night before I started NICU implored me to "take care of him, please:" a pleading request

to perform TV miracles that have no business being in real life.

parts of Alvin's plan as I could to make him more comfortable. I traded one drip for another and another, until he grimaced a little less. Never mind that it was vecuronium that made him stop crying. I left the unit at the end of the month with Alvin still in his infinite holding pattern. I had become attached to this baby I was warned was hopeless; who I firmly believe deserves to die in comfort instead of prolonged agony. I signed him out to the next resident saying "take care of him, please."

Even Wonder Woman Needs a Break: Readjusting the Work-Life Balance for the Working Physician

want to do anything to make sure the projects turn out the best that they can be.

Everything so far seems manageable to do, until one of these endeavors gets larger than the others. In order to compensate, my time is shortened for one of the other areas of my life. Unfortunately, the time that usually gets cut is the time spent enjoying life outside of medicine. I am blessed to have family and friends who

understand that the things I am involved in can be time-consuming; however, I would be lying if I said that it did not take a toll on me to do all work and no play. I am sure

It appears that the one thing that I do not make time for so easily is relaxation time. Because of this, the holiday season should also be a time for self-reflection. It was easy to find my balance between work and life in medical school, but when I entered a new environment as a physician, I encountered the paradigm shift in the way things worked in medical school as opposed to as a medical graduate. This is something that I struggle with because I'm a multi-tasker by nature. I want to do everything all at once and not space things out, kind of like being Wonder Woman.

With the help of my mother and my mentors, Dr. Aggarwal and Dr. Dickstein, they reminded me that even though I want to help out in many areas, I am of no help to anyone if I do not take time for myself. This realization has helped me to regain my sense of balance. By dividing out my "to-do list" into what can be done this month versus next month, it gives me a better idea on what needs my attention sooner than

significantly assisted in me claiming back my work-life balance. And just in time for

For everyone, physicians or otherwise, it is paramount never to lose yourself in the midst of work and meeting deadlines. If you need perspective, find someone you can talk to about what is going on in your life, and lastly, know that the world is not going to end if you allow some time for yourself. All women can be Wonder Woman, but

<u>Submissions for the AMWA Susan Love Resident Writing</u>

medicine and surgery, and is a prominent author for the lay public on women's

Susan Love, MD/MBA is an American female surgeon, author and advocate for preventive breast cancer research. She attended medical school at the State University of New York, Downstate Medical Center where she graduated with honors and completed a surgical residency at Beth Israel Hospital in Massachusetts. At the start of her career, she was one of few female

surgeons. However, despite the gender-based obstacles she faced early on, she became a trailblazer for women's health, developing new techniques for

breast cancer surgery. In addition, she published <u>Dr. Susan Love's Breast Book</u>, which the New York Times called the "bible for women with breast cancer." She served on the National Cancer Advisory Board under President

Clinton in 1998 and helped establish the National Breast Cancer Coalition which influenced the federal government to augment research funding for breast cancer from \$90 to \$420 million. She serves as the chief visionary officer of the Dr. Susan Love Research Foundation which is dedicated to identifying where and how breast cancer begins and is engaged in innovative

 Authors must be AMWA-RD members as of July 1, 2014. The topic of the piece should be about Women and Medicine.

We here at the AMWA Resident Division are pleased to initiate a writing competition for our members! We hope to be able to showcase the talents of our members, and highlight some of the strong, creative work that we are capable of. We have named this competition in honor of Dr. Susan Love, an accomplished AMWA member who has had an enormous influence on

later. These changes to my method of shifting through my work load have

There's nothing wrong with all of this, right?

I am not the only one who has experienced this.

even she needed a break before the next call to duty.

approaches to conducting research in this field.

the holidays at that.

<u>Competition</u>

Contest Rules:

health.

AMWA National Convention booklet in April, 2015. \$50 for first, second, and third place prizes respectively. Each winner will also receive an AMWA tumbler as a gift from the AMWA store. AMWA RD Awards Applications NOW being accepted! Take 10 minutes! Apply for national AMWA leadership awards! To be announced at the Centennial AMWA conference this year in April 2015, Chicago!

We at national AMWA are honored to recognize residents who have demonstrated leadership, compassion, and commitment. AMWA will be presenting several awards to women currently enrolled in a residency program. Awardees will be chosen based on demonstration of exceptional leadership skills, inspiration and innovation that furthers the mission of AMWA by improving women's health and/or supporting

Through AMWA's prestigious awards and recognition programs, AMWA celebrates the contributions and accomplishments of remarkable American women in medicine.

As you build your medical career, know that AMWA is there to support you not only with scholarship opportunities, but also with mentorship, leadership development,

Throughout our 99-year history, AMWA has been dedicated to a dual mission: advancing women in medicine and promoting women's health. AMWA continues to recognize the contributions and accomplishments of outstanding women in medicine and to encourage the promising young medical professionals of tomorrow through our many awards, grants, and scholarship programs. We are proud to use our resources towards making a difference in the lives of women every day by providing grants to AMWA student branches, supporting physicians-in-training overseas and

https://www.surveymonkey.com/s/AMWAawards

Awards are presented at the AMWA annual meeting.

rewarding students for outstanding service and merit.

and more. We look forward to your success!

women in medicine.

attend the meeting.

attend the meeting.

attend the meeting.

leadership in her field.

Young Woman in Science Award Deadline: January 31, 2015

An AMWA national resident member

process.

Criteria:

Deadline: January 31, 2015

process.

Deadline: January 31, 2015

process.

stayed on as vital mentor to AMWA students and residents. As an active advocate for women's health issues, her work and accolades speak for themselves. We are extremely proud of her accomplishments and acknowledge that without the struggle of women like her, our careers as young women physicians would not be possible. Criteria: •An AMWA national resident member •Demonstrated exceptional leadership skills through vision, inspiration, innovation, and coordination of projects that further the mission of AMWA by improving women's

process. Let Your Voice Be Heard! Have something to say? An experience to share? A unique perspective on research, residency, or healthcare? We're all ears!

Please see website for further details regarding the nomination and selection

For the history buffs among us, we would also like to offer the special opportunity to research and write a long-form article on the history of AMWA in time for our 100th Annual Meeting in March, 2015. To apply for this opportunity, please send a 200-500-word scholarly writing sample (with appropriate citation) to Claire.roden@gmail.com. Excerpts from larger works are acceptable; writing samples from the humanities and social science are greatly encouraged.

we will publish it in the ARQ with a link or citation of your choice.

- <u> ARQ Publication Guidelines, 2014-2015</u> R Claire Roden, MD
- 4. Photography or other illustrations 5. If you would like to submit something outside these categories, please contact the ARQ editor at claim-reden@gmail.com include appropriate citations. Citations do not count towards the word limit. Please use PubMed citation style.
- 3. If there is anything in the submission that is to be read as fact, please 4. All submissions are to be original content, and not published through any other organization. 1. Submissions may be published through multiple outlets *if* all other outlets have a written agreement regarding publication by outside

her adventures in an interview with Savitha Bonthala. stroke and was hospitalized. She had to be accompanied by a family member while

out of school to take care of his mother.

are excelling, as well.

Ultimately, I learned how medicine was practiced in an area where technology isn't readily available.

From Paternalism to Customer Service: Evolution of the <u>Physician</u> Preethi Raghu, MD Staff Correspondent

<u>Through the Looking Glass: Dr Strangelove, or How I Learned to</u> Keep On Worrying and Function Anyway By R Claire Roden, MD ARQ Chief Editorial Officer The hardest lesson I've had to learn in residency is how to be comfortable with my discomfort. If someone had asked me two years ago what I thought would be the

asking to bring in help. The idea of consulting the ethics committee on my own occurred to me, but because an ethics consult for this particular baby could never be truly anonymous meant that I would be risking my job to talk to them. What good would I be then to anyone living in the limbo of medical ethics? I had to become comfortable with the discomfort that I had tried everything I could for Alvin, and I met a stone wall. To palliate myself I decided to try to change as many

This is when I had to learn the hard lesson about becoming comfortable with my

We like to discuss ethical gray areas in medicine, but we like them hypothetical. We get upset when there's a multiple-choice question about ethics, saying that it's impossible to decide a right or wrong answer, and then we move right along; satisfied that acknowledging ambiguity and discomfort is the same as resolving

Alvin was the first time that the obviously correct answer on all multiple choice tests—the ethics consult—may have been right, but it wasn't going to happen. I did

everything that I could do as a resident to help this baby that I did not seriously consider a possible threat to my employment. I thought I spoke truth to power by

 It must be prose, and must not be illustrated. The writing submitted must be unique and unpublished in any outlet, including personal blogs. There is a 1000 word limit. The font and text size is up to the author's choice. All work must be submitted in Word document form. All submissions must be sent to AMWA.RD.ARQ.Competition@gmail.com by February 1, 2015 at 2359 **EST**. If there are any questions, please contact the ARQ Chief Editorial Officer, Claire Roden, at Claire.roden@gmail.com. Prizes: First, second, and third place winners will have their work published in both the ARQ Spring 2015 Issue and will be available in print in the Winners will receive an amazon.com gift certificate for \$100, \$75, and

Must be nominated by an AMWA national member

health and/or supporting women in medicine

Elinor T. Christiansen, MD Altruism Award

Susan L. Ivey, MD Courage to Lead Award

Award: Awardees will be honored during AMWA's Annual Meeting.

1. The word count for all (prose) submissions is **400-700** words. 2. Types of submissions accepted: Poetry 2. Prose or essays 3. Reviews of books, movies, or other media

5. Dates for publication during academic year 2014-2015: For April publication: 1. All non-conference-related content: March 28

All conference-related content: April 30

no problems who die suddenly of pneumothorax, extreme preemies born at the limit of viability who now walk into follow-up clinic talking a blue streak, kids with congenital illnesses who are periodically hospitalized but return home to families that love them, children who might be medically well after a complex NICU course but who bounce around the foster system now. They have known all these babies. They have learned how to watch and wait, they have learned how to hope, and they have learned how to temporarily tune out whatever part of their heart is breaking so they can still be good doctors. They know how to be uncertain and calm. They said no. I could understand not wanting to give up on resuscitating a baby. Everyone on the team admitted that Alvin would never survive a code, but I was the monster who wanted to give him the option to die in someone's arms instead of undergoing futile chest compressions if he ever lost his heartbeat. I waited a few days, and I asked for an ethics consult, saying that none of us who knew Alvin could ever be impartial if he needed someone to make decisions. An NNP spoke up that there is conflict in the team about what is best for Alvin.

I again was turned down.

discomfort.

them.

Please email <u>bonaminio.dana@gmail.com</u> or <u>president@amwa-resident.com</u> if you have any questions about the below awards. **Charlotte Edwards Maguire, MD Outstanding Resident Mentor Award** Deadline: January 31, 2015 In honoring the achievements of AMWA's resident members who have ddemonstrated outstanding mentorship and guidance to AMWA national student members as judged by highest and most active ratings as determined by AMWA student evaluations Criteria: An AMWA national resident member •Must be a part of the Charlotte Edwards Maguire, MD Resident as Mentors Program •Must be nominated by an AMWA Student member who has engaged in a mentormentee encounter with nominee

Award: Awardees will be honored during AMWA's Annual Meeting. The individual award recipient, as well as nominating student members, is strongly encouraged to

Please see website for further details regarding the nomination and selection

In honoring the achievements of AMWA's resident members, we honor Dr. Ivey's dedication to the welfare and success of all women physicians in training. Dr. Ivey's work and commitment to AMWA is a celebration of what women can achieve and contribute to others. Dr. Ivey was the 2006-2007 AMWA National Physician President whose courage led AMWA through financially difficult times. Dr. Ivey has

Award: Awardees will be honored during AMWA's Annual Meeting. The individual award recipient, as well as nominating student members, is strongly encouraged to

Please see website for further details regarding the nomination and selection

In honoring the achievements of AMWA's resident members, we honor Dr. Christiansen's dedication to the welfare and success of all women physicians in

Award: Awardees will be honored during AMWA's Annual Meeting. The individual award recipient, as well as nominating student members, is strongly encouraged to

Demonstrated exceptional contributions to medical science, especially in women's health, through her basic and/or clinical research, her publications and through

Please see website for further details regarding the nomination and selection

experiences in education to opinions about virtually anything connecting to medicine. This is a non-peer-reviewed publication of first-person writing, and we want to give you a place to publish your pieces. We are interested in short essays, poetry, photography, and illustrations. We would also like to act as a place to trumpet our members' accomplishments. If you have recently had a publication accepted at a peer-reviewed journal, received an award, presented at a conference, won a race, or had any other big

achievements, let us know! Send an email letting us know of your successes, and

The AMWA Residency Division Quarterly is a journal for AMWA Residency Division members, and we want to hear your voice and publish your words. We are actively seeking submissions from our members on a range of topics, from your personal

6. We reserve the right to refuse publication. Please send all submissions to the ARQ Chief Editorial Officer, R Claire Roden MD, at <a href="mailto:claim-in-mailto:claim-i

Announcing the RD Survey Winner

wish you Happy Holidays and a Happy New Year!

Call for Resident Abstracts! American Medical Women's Association Centennial Meeting Palmer House Hilton, Chicago April 23-26, 2015

 Resident Voices: Kanani's Adventures Abroad: an AMWA RESIDENT **QUARTERLY** Winter 2014

American Medical Women's Association • Call for Resident Abstracts **Announcing the RD Survey Winner**

In this issue:

Pictures may not display on most smart phones. Intended formatting may be distorted on smart phones.

Submission categories include: Clinical care – best practices Clinical care – case study

*All artwork in this issue are courtesy of Vanessa al Rashida, MD

<u>Kanani's Adventures Abroad: an Interview with</u> <u>Kanani Titchen, MD, former AMWA RD President</u>

Take care,

AMWA Resident Division

As told to Savitha Bonthala, DO she was hospitalized: in her case, her child. Her son Nawaraj would have to drop

I searched back through the records and compiled data about that child in an electronic format, which hopefully would help improve quality of care since the diagnosis was so delayed. I did the same for a child with undiagnosed asthma. physicians would be welcome, as would other fields like ER and dermatology.

as well.

patient who was a victim of trafficking. After watching that documentary I realize I missed the fact that the patient was a victim of sex trafficking. Since then, I almost feel that I am doing penance for that patient. was essentially a doctor in residence and frequently working up until and after

was remarkable.

working long hours.

possibility and potential. My husband and I learned to continue giving but temper it with clarity of our expectations. Give consciously. All of us can make a difference in other peoples' lives but we do need to be aware of our own motives.

the physician and the patient together. For example, informed consent is a much more involved and standardized process now, and this is arguably a significant improvement from paternalistic physician-patient interactions of the past. However, tying pay recognition, and reputation to this idea of "customer satisfaction" can have unintended consequences in a physician's practice. There could be an increased tendency to order more tests or consult more specialists in an attempt to appease the patient, even if it will not add tremendously to clinical decision-making. In addition, just as there are hard-to-please customers in a real-world help desk, there will inevitably be a handful of patients who are not satisfied with their physicians. If these patients diligently fill out satisfaction surveys that plummet a physician's "customs assisfaction score," the physician is being penalized for taking on a difficult patient and the score may not reflect the hours spent by the physician on this particular patient. Finally, the enforcement of a customer service model attempts to standardize what would otherwise be the nebulous art of medicine. Although the standardization of how we introduce ourselves to patients or explain informed consents can increase our efficiency as

clinical repertoire.

References:

and comfort to the patient.

biggest challenge becoming a doctor, I might have answered something along the lines of "how to function with chronic sleep deprivation," "how to at least become a tiny bit familiar with a vast body of knowledge in very little time," or possibly "how to maintain some semblance of a normal human psyche." I might have paid lip service to ethics, but always with the subtext that the truly difficult decisions would remain, at least for the time being, firmly the responsibility of someone farther up the chain of command.

They know more than I do. They have known hundreds of babies: term babies with

humane choice.

By Vanessa al Rashida, MD National Secretary, Resident Division I have never been someone who sat down for long and did nothing. My family has a long history of hard-working people, especially women. Because of this history of strong, independent, Black women, it would be hard to believe if I was the opposite of this. Throughout the many years in school, from elementary to medical school, I devoted countless hours to learning all that I could about my studies. Even then, I continued to understand my balance between life and work by knowing how much I can load on my plate and what I need to keep off it. This was something I thought I had mastered and would be able to easily carry with me to other parts of my life. It was not until after medical school that I realized I had come across a new, yet old, challenge. After graduating from medical school, not only had I gained a medical degree and the respect of being a physician, but I have now realized how much responsibility came with it. This year I have been heavily involved with three research projects, as well as working in free health clinics. When it comes to projects, it is easy for me to

training. Dr. Christiansen's work and commitment to AMWA is a celebration of what women can achieve and contribute to others. As an active advocate for universal access to health care, her work and accolades speak for themselves. We are extremely proud of her accomplishments and acknowledge that without the struggle of women like her, our careers as young women physicians would not be possible. Criteria: •An AMWA national resident member Demonstrated altruism by acting unselfishly as an ambassador of the healing arts and AMWA for the continued promotion and success of healthcare and AMWA •Must be nominated by an AMWA national member

We are also interested in offering the position of "Staff Correspondent" to one AMWA RD member. Your only obligation is writing a 500-700 word article four times a year, and you get a great title for your résumé. To apply, please send a 200-500word writing sample on the topic of your choice to Claire.roden@gmail.com. If you have a thought about medicine, we have a forum to publish it. Please send all submissions and questions to Claire.roden@gmail.com.